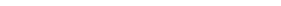


<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 239783US0	
		First Inventor or Application Identifier Philippe DESPRES, et al.	
		Title ATTENUATED FLAVIVIRUS STRAINS CONTAINING A MUTATED M-ECTODOMAIN AND THEIR APPLICATIONS	
		Assignee Name: INSTITUT PASTEUR Assignee Address: 25-28 rue du Docteur Roux, 75724 PARIS, France	
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents</small>		<b>ADDRESS TO:</b> Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification Total Sheets <span style="border: 1px solid black; padding: 2px 5px;">33</span></p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets <span style="border: 1px solid black; padding: 2px 5px;">7</span></p> <p>4. <input type="checkbox"/> Oath or Declaration Total Pages <span style="border: 1px solid black; padding: 2px 5px;"></span> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <i>(for continuation/divisional with box 17 completed)</i> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small></li> </ul> </li> </ul> </p> <p>5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification or Sequence Listing on :           <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> Paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul> </p> <p>17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:  <input type="checkbox"/> Continuation    <input type="checkbox"/> Divisional    <input type="checkbox"/> Continuation-in-part (CIP)    of prior application no.: _____  <b>Prior application information:</b> Examiner: _____ Group Art Unit: _____</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p> <p>18. Amend the specification by inserting before the first line the sentence:  <input type="checkbox"/> This application is a    <input type="checkbox"/> Continuation    <input type="checkbox"/> Division    <input type="checkbox"/> Continuation-in-part (CIP)  of application Serial No. Filed on _____  <input type="checkbox"/> This application claims priority of provisional application Serial No. Filed _____</p> <p>19. CORRESPONDENCE ADDRESS</p> <div style="text-align: center;">   <b>22850</b>  (703) 413-3000  FACSIMILE: (703) 413-2220 </div>			

Name:	Norman F. Oblon	Registration No.:	24,618
Signature:		Date:	6/30/03
Name:	C. Irvin McClelland	Registration No.:	
Registration Number 21,124			



06/30/03

Docket No. 239783US0

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Philippe DESPRES, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: ATTENUATED FLAVIVIRUS STRAINS CONTAINING A MUTATED M-ECTODOMAIN AND THEIR APPLICATIONS

## FEE TRANSMITTAL

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	27 - 20 =	7	x \$18 =	\$126.00
INDEPENDENT CLAIMS	2 - 3 =	0	x \$84 =	\$0.00
<input checked="" type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$280.00
<input checked="" type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$130.00
			BASIC FEE	\$750.00
			TOTAL OF ABOVE CALCULATIONS	\$1,286.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
			TOTAL	\$1,286.00

- Please charge Deposit Account No. 15-0030 in the amount of      A duplicate copy of this sheet is enclosed.
- A check in the amount of **\$1,286.00** to cover the filing fee is enclosed.
- The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030.  
A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLOON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.Date: 6/30/03

Norman F. Oblon

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